

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51	
2		2					52	
3	3						53	
4	1						54	
5	0						55	
6	1						56	
7	0						57	
8	0						58	
9	1						59	
10	0						60	
11	0						61	
12	0						62	
13	0						63	
14	0						64	
15	0						65	
16	0						66	
17	1						67	
18	1						68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
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33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3		16		16		TOTAL IND.	
TOTAL DEP.	16		16		16		TOTAL DEP.	
TOTAL CLAIMS	19		17		17		TOTAL CLAIMS	